

Operations Tips and Tricks...

Be sure to communicate with pharmacy when medications from the convenience boxes have been used to ensure timely replenishment and eliminate the need for utilizing a back-up pharmacy due to stock-outs.

Rumor vs. Truth...

Rumor... Carafate can be given **with** meals

Truth... Carafate (sucralfate) should be given on **an empty stomach** at least 1 hour prior to meals and bedtime. Antacids should not be taken within one-half hour before or after sucralfate administration.

Medications that are to be separated at least 2 hours before or after sucralfate include fluoroquinolone antibiotics (ciprofloxacin), ketoconazole, phenytoin, tetracycline antibiotics (doxycycline), theophylline.

Suggestions/Comments...

We'd love to hear how we are doing and are always open to your feedback to improve our services. Please call 1-800-913-8174 or visit our website greentreepharm.com and click "contact us" to submit the request / comment.



Highlights

Hot Topics: Updates/ New Products p1

Pharmacy Team Spotlight p1

Operations Tips and Tricks p1

FDA Drug Safety Communication p2

Regulatory Update / Review p2

Clinical Focus: RLS p2

News from Our Pharmacy Operations Team

Immunization Guidance:

Vaccines play a crucial role in protecting older adults from preventable diseases and complications.

Recommended vaccines that residents should be offered:

Influenza: Annual vaccination, specifically higher-dose if > 65 years of age

COVID-19: Older adults, especially living in long-term care facilities should stay up to date with recommended COVID-19 booster shots to maintain immunity against evolving variants. There will be a 2025-2026 formulation available this fall.

Pneumonia: Adults age 50 and older should receive one dose of PCV20 or PCV21

Shingles: Adults age 50 and older should receive two

RSV: The RSV vaccine is recommended for adults 60 years and older at high risk and for all adults age 75 and older.

Tdap: adults should receive a one time Tdap vaccine if they haven't already, followed by a Td booster every 10 years to protect against tetanus, diphtheria, and pertussis

Health Awareness Months:

July: UV Safety Month

August: National Immunization Awareness Month

September: Healthy Aging Month
World Alzheimer's Month

National Atrial Fibrillation Awareness Month

Pharmacy Team Spotlights:

Jeff Stolt, CPhT



Jeff joined our Green Tree Pharmacy team in November of 2016. He is a Certified Pharmacy Technician (CPhT) and

shows his "Happy to Oblige" by being our main trainer on the floor and willing to work in different departments. Not only is he dependable, he also shows leadership, respectful to his co-workers, and his versatility makes him a great asset to our company.

Eva Conwell, CPhT



Eva Conwell has decided to retire after nearly 19 years at Green Tree Pharmacy. Eva has been a Pharmacy Technician

with Green Tree Pharmacy throughout the entirety of her pharmacy career. Eva has served as our Ordering Technician for many years and has contributed extensively to the growth and success of Green Tree Pharmacy. We wish her the best with her future endeavors and thank her for her many years of dedicated service! Happy retirement Eva!!!

Clinical Acorns and Guidelines

Regulatory Update/ Review

USP<800>

NIOSH recently re-classified its hazardous med list into 2 tables.

Table 1 includes known or possible carcinogens.

Table 2 includes meds that are not thought to be carcinogenic, but meet other hazardous criteria (organ toxicity, reproductive risks, etc).

Refer to USP <800> and your assessment of risk policy for specific meds to determine if PPE is needed. Risks can vary based on med, dosage form, and if manipulation such as crushing is required.

Please be alert of hazardous drug labeling on med cards

ESRD oral meds:

Starting January 1st 2025, CMS transitioned coverage of oral only drugs from Medicare part D to the End Stage Renal Disease Prospective Payment System (ESRD PPS). For residents on dialysis, pharmacies cannot dispense and bill the patient's Medicare Part B plan for ESRD related oral drugs (eg: phosphate binders). Medicare members receiving dialysis for ESRD are to obtain these medications from their dialysis facility.

Clozapine update:

*As of 2-24-25, the FDA determined that the REMS program for clozapine is **no longer** necessary. It is still recommended to monitor CBC (ANC) per prescribing information.*

Clinical Focus: Restless Legs Syndrome (RLS)



RLS is a brain, nerve and sleep condition that causes a strong, nearly irresistible urge to move your legs. In addition, it can cause uncomfortable sensations such as throbbing or aching. Symptoms are more common when your body is at rest in the evening. This can cause sleep disruptions, fatigue or daytime sleepiness, urge to get out of bed to stretch or move your legs, behavior or mood changes, as well as depression and anxiety.

Between 7 to 10% of the United States population has RLS. It is most common in females, as well as white race. Your risk of developing RLS increases as you age.

The American Academy of Sleep Medicine updated recommendations for treatment of RLS and advises *against* the standard use of pramipexole and ropinirole, both of which were supported in the 2012 guidance. Research published in the last 10 years has clarified that the long-term use of these dopamine agonists is often associated with the risk of "augmentation," which is the gradual worsening of RLS symptom intensity and duration.

The first step in management of RLS should be to address exacerbating factors including alcohol, caffeine, certain antidepressant/antihistamine medications, and untreated obstructive sleep apnea.

New evidence supports gabapentin and pregabalin as strong recommendations for RLS treatment. The new guidance elevates the importance of iron evaluation in everyone with RLS and recommends iron supplementation if needed. Brain iron deficiency has gained recognition as a cause of RLS, supplementation is considered first time.

Cetirizine or Levocetirizine: Drug Safety Communication:

The FDA is warning that patients stopping the oral allergy medicines cetirizine (Zyrtec) or levocetirizine (Xyzal) after long-term use (few months to years) may experience rare but severe itching (pruritus). The FDA is updating prescribing information to increase awareness, as well states that pruritus symptoms may improve when restarting the medicines.

Health care professionals should discuss the risk of pruritus after stopping cetirizine or levocetirizine with patients when prescribing these medications. Consider evaluating if these medications can be prescribed on an as needed basis instead of chronic use.

Other options that are not associated with itching include nasal steroids or another second-generation antihistamine such as fexofenadine or loratadine.



Dating inhalers:

Many inhalers have shorter expiration dates once opened, so it is important to check the packaging for details. For example, Advair Diskus should be discarded 30 days after opening of foil pouch and Breo Ellipta should be discarded after 6 weeks.

To promote compliance at the facility level, you will notice "DATE OPEN" stickers on all inhalers sent from pharmacy.

